Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I  |                                      |                                       |                                       |              |                              |                  |       | SMALL ENTITY   |  |          | OTHER THAN          |               |  |
|---|--------------------------------------|---------------------------------------|---------------------------------------|--------------|------------------------------|------------------|-------|----------------|--|----------|---------------------|---------------|--|
|   |                                      |                                       | (Column 1)                            |              | (Column 2)                   |                  | T     | YPE            |  | OR       | SMALL               |               |  |
| TOTAL CLAIMS  |                                      |                                       | 43                                    |              |                              |                  |       | RATE           | FEE  | ]_       | RATE                | FEE           |  |
| FOR   |                                      |                                       | NUMBER FILED                          |              | NUMBER EXTRA                 |                  | В     | ASIC FEE       | 370.00   | OR       | BASIC FEE           | 740.00        |  |
| то  | TAL CHARGEA                          | BLE CLAIMS                            | L/3 minus 20=                         |              | *                            | *                |       | X\$ 9=         |  | OR       | X\$18=              |               |  |
| IND   | EPENDENT CL                          | AIMS                                  | 2 minus 3 =                           |              | *                            |                  |       | X42=           |  | OR       | X84=                |               |  |
| MU  | LTIPLE DEPEN                         | DENT CLAIM P                          | RESENT                                |              |                              |                  | ſ     | +140=          |  | OR       | +280=               |               |  |
| * If  | the difference                       | in column 1 is                        | less than zero, enter "0" in column 2 |              |                              | L                | TOTAL |                | OR   | TOTAL    |                     |               |  |
|   |                                      |                                       |                                       | ED - PART II |                              |                  |       | SMALL E        | NTITY  | OR       | OTHER<br>SMALL      |               |  |
|   | ran en in in in in in                | (Column 1)<br>CLAIMS                  | 8860 @1055.863                        |              | ımn 2)<br>HEST               | (Column 3)       | г     |                | ADDI-  |          |                     | ADDI-         |  |
| AMENDMENT A   |                                      | REMAINING<br>AFTER<br>AMENDMENT       |                                       | NUI<br>PREV  | MBER<br>TOUSLY<br>O FOR      | PRESENT<br>EXTRA |       | RATE           | TIONAL<br>FEE                                    |          | RATE                | TIONAL<br>FEE |  |
| DME   | Total                                | *                                     | Minus                                 | **           | <u> </u>                     | =                |       | X\$ 9=         |  | OR       | X\$18=              |               |  |
| MEN   | Independent                          | *                                     | Minus                                 | ***          |                              | =                | ſ     | X42=           |  | OR       | X84=                |               |  |
|   | FIRST PRESE                          | NTATION OF M                          | ULTIPLE DEF                           | ENDE         | NT CLAIM                     |                  | Ì     | +140=          |  | OR       | +280=               |               |  |
|   |                                      |                                       |                                       |              |                              |                  |       | TOTAL          |  |          | TOTAL<br>ADDIT. FEE |               |  |
|   |                                      |                                       |                                       |              | ۵)                           | (O-1: 2)         | Δ     | DDIT. FEE      |  | J        | ADDIT. FEE          |               |  |
| <u> </u>  | v ski i smali                        | (Column 1)                            |                                       |              | umn 2)<br>GHEST              | (Column 3)       | Г     |                | ADDI-  | 1        |                     | ADDI-         |  |
| AMENDMENT B   |                                      | REMAINING<br>AFTER<br>AMENDMENT       |                                       | NL<br>PRE    | IMBER<br>VIOUSLY<br>ID FOR   | PRESENT<br>EXTRA |       | RATE           | TIONAL   |          | RATE                | TIONAL<br>FEE |  |
| DME   | Total                                | *                                     | Minus                                 | **           |                              | =                |       | X\$ 9=         |  | OR       | X\$18=              |               |  |
| MEN   | Independent                          | *                                     | Minus                                 | ***          |                              | =                |       | X42=           |  | OR       | X84=                |               |  |
| \[ \text{\delta}  | FIRST PRESE                          | ENTATION OF N                         | MULTIPLE DE                           | PENDE        | NT CLAIM                     | 1                | J     | +140=          |  | OR       | +280=               |               |  |
|   |                                      |                                       |                                       |              |                              |                  | ì     | TOTAL          |  | OR       | TOTA                |               |  |
|   |                                      |                                       |                                       |              |                              | (0.1 0)          |       | ADDIT. FEE     |  |          | ADDIT. FEI          | <u> </u>      |  |
| _   |                                      | (Column 1)                            |                                       |              | lumn 2)<br>GHEST             | (Column 3)       | ۱,    |                | LADDI  | 7        |                     | ADDI-         |  |
| NTC   |                                      | CLAIMS REMAINING AFTER AMENDMEN       |                                       | NI<br>PRE    | UMBER<br>EVIOUSLY<br>AID FOR | PRESENT<br>EXTRA |       | RATE           | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | TIONAL<br>FEE |  |
| OME   | Total                                | *                                     | Minus                                 | **           |                              | =                |       | X\$ 9=         |  | OR       | X\$18=              |               |  |
| AMENDMENT   | Independent                          |                                       | Minus                                 | ***          |                              | =                |       | X42=           |  | OR       | X84=                |               |  |
|   | FIRST PRES                           | ENTATION OF                           | MULTIPLE DE                           | PEND         | ENT CLAI                     | М                |       | 1140-          | <del>                                     </del> | 1        |                     |               |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |                                      |                                       |                                       |              |                              |                  |       | +140=<br>TOTAL | <del> </del>                                     | OR       | TOTA                | \L            |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20. |                                      |                                       |                                       |              |                              |                  |       | ADDIT. FEE     | <u> </u>   | JOR      | ADDIT. FE           |               |  |
| 1   | If the "Highest N"<br>The "Highest N | Number Previously<br>umber Previously | / Paid For" IN 11<br>Paid For" (Total | or Indep     | endent) is                   | the highest numb | er fo | ound in the a  | ppropriate t                                     | oox in o | column 1.           | •             |  |